

CONNECTICUT STATE DEPARTMENT OF EDUCATION
Bureau of Health/Nutrition, Family Services and Adult Education
25 Industrial Park Road
Middletown, CT 06457-1543

**SITE INFORMATION DOCUMENT
SUMMER FOOD SERVICE PROGRAM (SFSP)**

INSTRUCTIONS

1. Complete for each site and session which will be administered by the applicant.
2. Retain a copy in your file for three years after the date of submission of the final claim for reimbursement for the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed.
3. If more space is needed, continue on a plain sheet of paper, number each item, and attach to Site Information Document.
4. A Site Information Document must be submitted AND APPROVED before meals served at the site are eligible for reimbursement.

Name of Applicant/Sponsor: _____ Agreement Number: _____

Is the Site located in a standard metropolitan statistical area (SMSA)? _____ Yes _____ No

Is the Site located in a rural pocket within a SMSA? _____ Yes _____ No

1. Name of Site Supervisor (If unknown at this time, provide to State Agency prior to beginning of operation):

2. Name and Address of Food Service Site (Include Zip Code):

Telephone Number: (_____) _____

3. Indicate other USDA programs in which the site participates (Sites in the SFSP are not eligible for the Special Milk Program):

_____None _____National School _____School Breakfast _____Child and Adult Care _____Food Distribution
Lunch Program Program Food Program Program

4. Describe the geographic area to be served by the site and the percentage of children in the area who meet the eligibility requirements for free and reduced price school meals. (Include boundaries such as town or school district limits, streets or other identifiable landmarks.)

5. Type of Site:

_____A. Regular Open Site _____B. Restricted Open Site _____C. Migrant Site _____D. Residential Camp
(serving 1-2 meals) (serving 1-2 meals) (serving 1-3 meals) (serving 1-3 meals)

_____E. Non-Residential Camp _____F. Closed Enrolled Site _____G. National Youth Sports Program (NYSP) Site
(serving 1-3 meals) (serving 1-2 meals) (serving 1-2 meals)

6. If the answer to Item 5 is "A – C", please check one of the following to document that the local areas from which the site draws its attendance are areas in which poor economic conditions exist, as defined by the program regulations.

_____Site participated under the sponsor last year _____Documentation from public or nonprofit private
and documentation was submitted at that time. schools located in the area of the site is attached.

_____Documentation from Departments of Welfare, _____Census tract information is attached.
Education or Zoning Commissions is attached.

_____Documentation from organization determined by _____Other documentation is attached (including
the State agency as a migrant organization is attached. enrollment/eligibility data or form if an
enrollment site is not located in an area in
which poor economic conditions exist.)

- 7a. If the answer to Item 5 is “D, E or F”, (Attach a copy of the form that will be used to document each enrolled child’s eligibility for free or reduced-price school meals. If a list will be obtained from a Child Nutrition Sponsor, describe the procedures to be used).

Total number of children participating: _____

Total number of children from low income families participating: _____

- 7b. If the answer to Item 5 is “G”, (Attach eligibility documentation and certification that all children who will receive meals are participants in the NYSP – See Sample Letter Attachment 3).

8. Operating days of the week (Check each day this site will operate and, if a camp, attach a copy of the camping schedule.)

___ M ___ T ___ W ___ TH ___ F ___ SA ___ SU

9. Period of Operation of Food Service

Beginning Date	Closing Date	Number of Operating Days					
(Month, Day, Year)	(Month, Day, Year)	May	June	July	Aug.	Sept.	Total

Will this site operate on July 4th? _____ Yes _____ No

10. All applicants should complete this section. Applicant sponsors applying for camps should only list the number of eligible children to be served daily for which reimbursement for meals will be claimed under the Summer Food Service Program. Camp sponsors must submit documentation showing the number of children enrolled (at each camp session) who are eligible for free or reduced-price meals, as soon as it is available but, not later than the claim submission.

Type of Meals To be Served	Expected Average Daily Attendance	Estimated Number of Eligible Children (Camps Only)	Time of Meal Service		For S/A Use Only Approved Level of Meal Service
			Begins	Ends	
A. Breakfast					
B. A.M. Snack					
C. Lunch					
D. P.M. Snack					
E. Supper					

11. Method of Meal Preparation:

_____ Self-Preparation on site

_____ Agreement with School Food Authority

_____ Sponsor preparation at central kitchen facility

_____ Contract with Food Service Management Company

_____ Sponsor preparation at a school food service facility _____ Other (Specify)

12. Is this site an indoor or outdoor site? (Check One) _____ Indoor _____ Outdoor

(If an outdoor site, where will meals be served when weather prevents the outdoor service of meals? Give address and describe location.)

13. Describe the meal service area:

- A. How many children can eat at this site at one time? _____
- B. Is there shift feeding? _____Yes _____No (If “yes”, number of shifts) _____
- C. How will the meal service be supervised? (Describe number of staff and type of responsibilities.)

14. Personnel Working at Site:

Title of position A	Number of personnel in that position B	Number of hours per day each employee indicated in column (B) will spend on food service C	Wages per hour (Indicate volunteers or unpaid workers with “V”.) D	Total wages for program E	Source of funds (USDA reimbursement or other) F	Specific food service duties G	Dates of employment in this program H

15. Is there a regularly scheduled organized activity? _____Yes _____No

(If “yes” list types of activities provided or attach a schedule of daily activities.)

16. Did the site participate in any prior year’s Summer Food Service Program? _____Yes _____No

(If “yes”, list the name of sponsor and year of participation.)

17. Has this site been visited by the sponsor prior to beginning of program operation this year? _____Yes _____No

(If “yes”, list name of sponsor representative and date of visit. Attach copy of pre-operational site visit form for the site.)

18. Fully describe the arrangements that have been made within standards prescribed by the State or Local Health Department for:

A. The delivery of meals (if applicable):

B. The holding of meals until the time of meal service:

C. The storage and refrigeration of any excess meals until the next day or the return of any excess meals to the vendor (if applicable):

19. Items 19 – A, B, and C are to be answered only if meals are delivered to this site:

A. Describe the system the site supervisor uses to communicate with the sponsor to adjust the number of meals delivered in accordance with the number of children attending daily at the site.

B. What are the timeframes for submitting adjustments of meal orders?

C. Will delivery be within one hour of the meal service or no later than the start of the meal service?

_____Yes _____No

I CERTIFY that this site has been visited and that the information on this form and subsequent attachments is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Name of Sponsor Representative

Signature of Sponsor Representative

Date

Title of Sponsor Representative